

State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number: 7549369A1
Solicitation Title: MCCOY STADIUM CONCRETE DECK COATING REPAIRS - ADDENDUM 1 (8 PGS)

**Bid Proposal Submission
Deadline Date & Time:** 3/19/2015 1:30 PM

RIVIP Vendor ID #: 43117
Bidder Name: Chapman Waterproofing Co.
Address: 395 Columbia Rd.
Boston, Ma , Ma 02382
USA

Telephone: (617) 288-3000
Fax: (617) 288-3005
Contact Name: Amanda Feely
Contact Title: Estimating Assistant
Contact Email: afeely@chapmanwaterproofing.com

SECTION 2 —DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.

- N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- N 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

Incorporated Since 1925

Chapman

Chapman Waterproofing Company * 395 Columbia Road * Boston, MA 02125-5300
Tel: (617) 288-3000 * Fax: (617) 288-3005 * www.chapmanwaterproofing.com

Chapman Waterproofing Company's Organizational Chart



Incorporated Since 1925



Chapman Waterproofing Company * 395 Columbia Road * Boston, MA 02125-5300
Tel: (617) 288-3000 * Fax: (617) 288-3005 * www.chapmanwaterproofing.com

RESUMES for BUSINESS OWNERS:

PRESIDENT..... *Adam Packard* *SOI.*

- Chapman Waterproofing employee since 1984
- Graduate of Franklin and Marshall College 1988
- Chapman's historical restoration and preservation division
 - 90 Smith Street – Mission Hill Restoration
 - Crosstown Hotel – Boston, MA
 - U Mass Science Center – Amherst, MA
 - Whitman Hanson Regional H.S. – Whitman, MA
 - The Colonnade Hotel – Boston, MA
 - Silver Lake Regional High School – Kingston, MA
 - Boston Children's Museum – Boston MA – Restoration

VICE PRESIDENT/CEO*Scott H. Packard* *SOI.*

- Chapman Waterproofing employee since 1984
- 1984 Graduate of Tufts University
- B.S. in Mechanical Engineering
- Special projects including concrete façade and garage restoration.
 - Madison/O'Bryant High School – Boston, MA
 - University Of Vermont: Morrill Hall – Burlington, VT
 - The Breakers: Façade & Roof Restoration – Newport, RI
 - Tufts University – Somerville/Medford, MA
 - Boston Arts Academy – Boston, MA
 - Charter St. Apartments: Water Infiltration – Salem, MA
 - Federal Building Middlesex Community College – Lowell, MA
 - Cathedral Housing Authority – Boston, MA

Incorporated 1925



CHAPMAN WATERPROOFING COMPANY · TELEPHONE (617) 288-3000 · FAX (617) 288-3005
395 COLUMBIA ROAD · P.O. BOX 255300 · BOSTON, MASSACHUSETTS 02125-5300

RESUMES for COMPANY OFFICERS:

PRESIDENT.....*Adam Packard*

- Chapman Waterproofing employee since 1984
- Graduate of Franklin and Marshall College 1988
- Chapman's historical restoration and preservation division
 - 90 Smith Street – Mission Hill Restoration
 - Crosstown Hotel – Boston, MA
 - U Mass Science Center – Amherst, MA
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 - Boston Arts Academy – Boston, MA
 - Charter St. Apartments: Water Infiltration – Salem, MA
 - Federal Building Middlesex Community College – Lowell, MA
 - Cathedral Housing Authority – Boston, MA

VICE PRESIDENT OF FIELD OPERATIONS.....*Thomas L Murphy*

- Chapman Waterproofing Employee since 1978
- Member of Local Union No. 3 Since 1972
- Over 40 years experience in construction Industry

Incorporated 1925



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395 COLUMBIA ROAD · P.O. BOX 255300 · BOSTON, MASSACHUSETTS 02125-5300

RESUMES of COMPANY OFFICERS:

TREASURER/SECRETARY *Jeanne Packard*

- Chapman Waterproofing Employee Since 2010
- Worked for Project Management Associates 1991-1997
- Worked for Turner Construction 1987-1991
- 1987 Graduate of Clarkson University
- BS in Civil Engineering

CONTROLLER *Paul Brideau*

- Chapman Waterproofing Employee since October 2006
- Graduate of University of Mass Amherst
- Bachelor Business Finance/Accounting

Solicitation #: 7549369
Solicitation Title: MCCOY STADIUM DECK COATING REPAIRS

BID FORM

To: The State of Rhode Island Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill, Providence, RI 02908-5855

Bidder: Chapman Waterproofing Company
Legal name of entity
395 Columbia Rd. Boston, MA 02125
Address (street/city/state/zip)
Adam Packard apackard@chapmanwaterproofing.com
Contact name Contact email
(617) 288-3000 (617) 288-3005
Contact telephone Contact fax

1. BASE BID PRICE

The Bidder submits this bid proposal to perform all of the work (including labor and materials) described in the solicitation for this Base Bid Price (*including the costs for all Allowances, Bonds, and Addenda*):

\$ 81,580.00
(base bid price in figures printed electronically, typed, or handwritten legibly in ink)
Eighty one Thousand Five Hundred Eighty Dollars
(base bid price in words printed electronically, typed, or handwritten legibly in ink)

• **Allowances**

The Base Bid Price ***includes*** the costs for the following Allowances:

No. 1: <u>Spalled concrete repairs</u>	<u>\$2,000.00</u>
No. 2: _____	\$ _____
No. 3: _____	\$ _____
Total Allowances:	<u>\$2,000.00</u>

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- **Bonds**

The Base Bid Price ***includes*** the costs for all Bid and Payment and Performance Bonds required by the solicitation.

- **Addenda**

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price ***includes*** the costs of any modifications required by the Addenda.

All Addenda must be acknowledged.

Addendum No. 1 dated: 3/13/15

Addendum No. 2 dated: _____

Addendum No. 3 dated: _____

Addendum No. 4 dated: _____

Addendum No. 5 dated: _____

Addendum No. 6 dated: _____

2. **ALTERNATES** (*Additions/Subtractions to Base Bid Price*)

The Bidder offers to: (i) perform the work described in these Alternates as selected by the State in the order of priority specified below, based on the availability of funds and the best interest of the State; and (ii) increase or reduce the Base Bid Price by the amount set forth below for each Alternate selected.

Check "Add" or "Subtract."

___ Add ___ Subtract Alternate No. 1: N/A

\$ _____
(amount in figures printed electronically, typed, or handwritten legibly in ink)

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(amount *in words* printed electronically, typed, or handwritten legibly in ink)

____ Add ____ Subtract Alternate No. 2: N/A

\$ _____
(amount *in figures* printed electronically, typed, or handwritten legibly in ink)

(amount *in words* printed electronically, typed, or handwritten legibly in ink)

____ Add ____ Subtract Alternate No. 3: N/A

\$ _____
(alternate amount *in figures* printed electronically, typed, or handwritten legibly in ink)

(alternate amount *in words* printed electronically, typed, or handwritten legibly in ink)

3. UNIT PRICES

The Bidder submits these predetermined Unit Prices as the basis for any change orders approved in advance by the State. These Unit Prices include ***all*** costs, including labor, materials, services, regulatory compliance, overhead, and profit.

Unit Price No. 1: Deck Coating Repair per SF \$ 23.40 Add & Deduct

Unit Price No. 2: _____ \$ _____

Unit Price No. 3: _____ \$ _____

4. CONTRACT TIME

The Bidder offers to perform the work in accordance with the timeline specified below:

- Start of construction: Anticipated April 6, 2015
- Substantial completion: May 15, 2015

Solicitation #:7549369

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- Final completion: May 30, 2015

5. LIQUIDATED DAMAGES

The successful bidder awarded a contract pursuant to this solicitation shall be liable for and pay the State, as liquidated damages and not as a penalty, the following amount for each calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State: \$. **TBD**

This bid proposal is irrevocable for 60 days from the bid proposal submission deadline.

If the Bidder is determined to be the successful bidder pursuant to this solicitation, the Bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

Date: 3/19/15

BIDDER

Chapman Watermarking Co.
Name of Bidder

Adam Packard, President
Signature in ink
Printed name and title of person signing on behalf of Bidder

43117
Bidder's Contractor Registration Number

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

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NAME Chapman Waterproofing Company

ADDRESS 395 Columbia Rd. Boston, MA 02125

(REMITTANCE ADDRESS, IF DIFFERENT) P.O. Box 255300

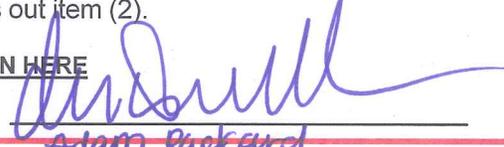
CITY, STATE AND ZIP CODE Boston, MA 02125

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE  TITLE President DATE 3/19/15 TEL NO. (671) 288-2000

BUSINESS DESIGNATION:

Please Check One: Individual Medical Services Corporation Government/Nonprofit Corporation
Partnership Corporation Trust/Estate Legal Services Corporation

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908